

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
01-011

2. STATE  
Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
10/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
SSA Section 1931(b)(2)(C)

7. FEDERAL BUDGET IMPACT:

a. FFY '02 \$0 - 3,854  
b. FFY '03 \$0 - 2,954

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B page 7.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same.

10. SUBJECT OF AMENDMENT:

Case Management Services/Targetted Case Managment - revision in applicability of Random Moment Time Study rate methodology.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Peggy B. Handrich

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

December 21, 2001

16. RETURN TO:

Peggy B. Handrich  
Administrator  
Division of Health Care Financing  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12-26-01

18. DATE APPROVED:

2/22/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Oct 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED  
DEC 26 2001  
DIRECT - MI/MIN/WI

7. End Stage Renal Disease

(The Department shall pay the lesser of the provider's usual and customary charges or a maximum rate established by the Department.)

All covered legend drugs associated with this service shall be reimbursed at the lower of the provider's usual or customary charge, or the estimated acquisition cost of the product plus a dispensing fee. Reimbursement for certain multi-source drugs may be subject to federal or state maximum acquisition cost (MAC) limits. Drug prices are to be calculated based on the package size from which the prescription was dispensed as indicated on the NDC number. The only exception are those drugs for which quantity minimums are specified by federal regulations.

8. Case Management Services  
EPSDT

Providers are reimbursed by a flat fee which is a percentage of the provider's average cost, established by the Department.

Effective 4-8-86

9. Case Management Services  
Community Care Organizations

For case management services performed by Community Care Organizations, reimbursement will be made through the per diem rate as established by the department.

Certified providers will be reimbursed upon submission of an appropriate claim form, documenting recipient eligibility and services provided. This is true for all other MA-certified providers. Payments made from Title XIX funds for MA eligible clients will be appropriately matched with state and local funds, and will not duplicate other federal or state payments or match requirements.

Effective 10-1-86

9a. Case Management Services  
Target Group N

This rate applies to clients in Target Group N where the child has been placed in substitute (out-of-home) care determined to be ineligible for Title IV-E administrative costs. The Department's proposal requires no change in the definition of the existing group and the benefits remain the same.

The rate methodology will employ the Random Moment Time Study (RMTS) as a tool in developing the monthly rate per client. The billing process will be established in such a manner as to prevent the processing of duplicate billings for the same client for the same service period. This will be accomplished by installing edits between procedure codes in the MMIS system. The methodology also contains a provision for adjusting the rate to an actual cost basis after completion of the Federal Fiscal Year.

Effective 10-1-01